

# USD 437 AUBURN-WASHBURN DEMOGRAPHIC DATA

|                     |            |
|---------------------|------------|
| For Office Use Only |            |
|                     |            |
| Verified By _____   | Date _____ |

**Please complete this form for all members living at this address.  
Only one form per household is required.  
Please list only adults and students living at this physical address. If a student also lives at a different physical address (blended family) a second form is required.  
Student grade levels are based upon their expected 2008-2009 attendance.**

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_  
Residence Zip: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Unlisted Phone: Y N

(if different from above)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Adult 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

### Adult 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

### Adult 3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

### Student 1

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Gender: \_\_\_\_\_ Nick name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Primary Ethnicity: Hispanic/Latino White Native Hawaiian/Pacific Islander  
Black/African American Asian American Indian/Alaskan  
Secondary Ethnicity: Hispanic/Latino White Native Hawaiian/Pacific Islander  
Black/African American Asian American Indian/Alaskan

Adult 1 Relationship: \_\_\_\_\_ Adult 2 Relationship: \_\_\_\_\_  
Adult 3 Relationship: \_\_\_\_\_ Adult 4 Relationship: \_\_\_\_\_

The residence address listed at the top of the first page is Student 1's: Primary Address Secondary Address  
Is the residence address listed at the top of the first page the only address for Student 1? Y N

If the answer was No to the previous question, please complete the following:

Secondary Residence Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Unlisted Phone: Y N

**Student 2**

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Gender: \_\_\_\_\_ Nick name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Primary Ethnicity: Hispanic/Latino White Native Hawaiian/Pacific IslanderBlack/African American Asian American Indian/AlaskanSecondary Ethnicity: Hispanic/Latino White Native Hawaiian/Pacific IslanderBlack/African American Asian American Indian/Alaskan

Adult 1 Relationship: \_\_\_\_\_

Adult 2 Relationship: \_\_\_\_\_

Adult 3 Relationship: \_\_\_\_\_

Adult 4 Relationship: \_\_\_\_\_

The residence address listed at the top of the first page is Student 2's: Primary Address Secondary Address

Is the residence address listed at the top of the first page the only address for Student 2? Y N

If the answer was No to the previous question, please complete the following:

Secondary Residence Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Unlisted Phone: Y N

**Student 3**

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Gender: \_\_\_\_\_ Nick name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Primary Ethnicity: Hispanic/Latino White Native Hawaiian/Pacific IslanderBlack/African American Asian American Indian/AlaskanSecondary Ethnicity: Hispanic/Latino White Native Hawaiian/Pacific IslanderBlack/African American Asian American Indian/Alaskan

Adult 1 Relationship: \_\_\_\_\_

Adult 2 Relationship: \_\_\_\_\_

Adult 3 Relationship: \_\_\_\_\_

Adult 4 Relationship: \_\_\_\_\_

The residence address listed at the top of the first page is Student 3's: Primary Address Secondary Address

Is the residence address listed at the top of the first page the only address for Student 3? Y N

If the answer was No to the previous question, please complete the following:

Secondary Residence Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Unlisted Phone: Y N

I certify the information above is accurate and truthful.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
DatePlease return this form to one of your student's school as soon as possible. If you need for a blank form please visit the district website at <http://www.usd437.net/forms>, or your student can pickup a blank form in their school office.